

GEORGIA SPECIAL ORDER SHIPPING LICENSE MONTHLY EXCISE TAX RETURN

DUE BY THE 15TH OF EACH MONTH

NAME OF WINERY		LICENSE NO.	FOR CALENDAR MONTH/YEAR OF:
ADDRESS		CITY/STATE	ZIP CODE

SUBMIT REPORT AND REMITTANCE TO:

GEORGIA DEPARTMENT OF REVENUE
ALCOHOL & TOBACCO DIVISION
P. O. BOX 49728
ATLANTA, GA 30359

SALES TO GEORGIA CONSUMERS DURING THE CALENDAR MONTH			REPORT IN LITERS	
INVOICE DATE	INVOICE NO.	FULL NAME AND ADDRESS OF CONSUMER	14% OR LESS	OVER 14%
TOTAL LITERS BY CLASS				
WINE TAX RATE PER LITER BY CLASS			\$.40	\$.67
GROSS TAX DUE EACH CLASS OF WINE				
GROSS TAX DUE (TOTAL OF BOTH COLUMNS)				

AFFIDAVIT

I HEREBY CERTIFY, UNDER PENALTY OF LAW, THAT THIS IS A TRUE AND CORRECT REPORT OF ALL WINE SALES TO GEORGIA CONSUMERS DURING THE CALENDAR MONTH SHOWN ABOVE.

ATTACH A LEGIBLE COPY OF ALL
INVOICES TO THE BACK OF THIS
RETURN

Subscribed and sworn to before me this _____ day
of _____ 20 ____

SIGNED _____
(Officer, Partner or Owner)

TITLE _____

Notary Public